

Replacement Dwelling Inspection Report

Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:
Address of Replacement Dwelling:	

Replacement Housing Inspection

Dwelling Type				Number of Occupants						
<input type="checkbox"/> Single Family <input type="checkbox"/> Apt. <input type="checkbox"/> RV <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other				Adult Male		Adult Female		Child Male	Child Female	
Total Sq Ft	No. Rooms	No. Bedrooms	Type of Water Supply*			Purch Price or Mo. Rent				
			<input type="checkbox"/> Private Well <input type="checkbox"/> City <input type="checkbox"/> Community Well			\$				
			Yes	No					Yes	No
1. Structurally Sound 2. Safe and Adequate Electrical System 3. Weather Tight 4. Adequate Heating 5. Safe Ingress and Egress 6. In Good Repair 7. Adequate Number of Rooms 8. No Barriers to Handicapped (if applicable) 9. If 3 or more stories, does each story have 2 exits from a common corridor 10. Kitchen a. Separate room or area for kitchen use b. Sink in good working order c. Proper connection to sewage system			<input type="checkbox"/>	<input type="checkbox"/>	d. Proper connection to potable hot & cold water e. Range (stove) space with utility connections f. Refrigerator space with utility connections				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	11. Bathroom(s) a. Separate room properly lighted and ventilated b. Fully functional sink (basin) c. Privacy for users d. Fully functional flush toilet e. Fully functional bathtub or shower stall f. Plumbing in good working order for water supply and sewage system				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	12. Dwelling meets applicable housing and occupancy codes (in project file)				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

***Note:** If community well, indicate when last water test was done under "Remarks" or if private well, attach a copy of the Health Department water test results to report.

I, the undersigned, have inspected the replacement dwelling unit at the address shown in the heading of this form. The inspection was made to determine if the dwelling will qualify this displacee to receive a replacement housing payment by the agency. **A photograph of the replacement dwelling is attached hereto.**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, this dwelling ☐ MEETS ☐ DOES NOT MEET the Washington State Department of Transportation's standards for qualified replacement housing.

Remarks:

Relocation Specialist

Date

Displaced Person's Disclaimer Statement

I understand the requirements for replacement housing and certify to the best of my knowledge that the above property meets said requirements.

I further understand that the statements, finding, decisions and conclusions appearing in the foregoing are made solely for the purposes of determining my eligibility for payments for replacement housing and are not intended to be, nor do they constitute, warrants or guarantees by the city/county that said replacement dwelling is free from defects.

Displaced Person

Date